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ABSTRACT

This document contains a reference sheet and an annotated bibliography concerned with sexuality education. The reference sheet provides a brief overview of the results of sexuality education programs as reported in the literature. The annotated bibliography contains the relevant information for each article, study, or book citation included in the reference sheet's bibliography. The 35 citations are all from the 1970s and the early 1980s and cover such topics as teenage pregnancy, sexuality and adolescents, family life and sexuality education, contraception, adolescent development, and human sexuality. (NB)

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SEXUALITY EDUCATION CAN MAKE A DIFFERENCE

REFERENCE SHEET 1

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Sexuality Education Can Make a Difference

Reference Sheet 1

Published by Planned Parenthood Federation of America Inc. 810 Seventh Avenue New York, New York 10019 212/541-7800

Developed by the Katharine Dexter McCormick Library Department of Education

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This reference sheet is the first in a series which will address the question: "does 'sex education' make a difference?" This first sheet provides a brief overview of the results of sexuality education programs as reported in the literature to date. Subsequent reference sheets will highlight new research results as they are released as well as cover issues that will make a case for the value of education.

Studies have shown that:

▶ Teenagers obtain most of their information (and misinformation) about sex and birth control from their peers and the media. (See **References:** 1, 5, 11, 24, 26, 27, 30) Parents, educators and health professionals contribute only minimally. (11, 26, 27, 30)

▶ Most teens are either misinformed or uninformed about the various methods of contraception. (26)

▶ Teenagers frequently think that they cannot get pregnant either because they are too young or because it is the wrong time of month (2, 35)

▶ Many sexually active teens are not prepared to handle their sexual feelings and do not always make responsible decisions about sex. Since teenagers tend to act impulsively and inconsistently, unintended pregnancies often result from unplanned intercourse or from the belief that contraception is either undesirable or is too difficult to obtain and use. (2, 11, 24, 35)

▶ Teens seldom get the information they need until after beginning intercourse. (1, 2, 6, 34) Currently less than 10% of all teenagers receive a comprehensive course in sexuality education. (2, 20) Classes which do exist tend to be narrow in scope, thereby contributing to the paucity of information exhibited by 15-19 year olds. (2, 12, 13, 20, 31, 33)

▶ **This leads us to conclude that two of the main causes of unintended teen pregnancy are sexual ignorance and misinformation.**

Why sexuality education?

Individuals with accurate information about sexuality tend to behave more responsibly. We believe that it will:

▶ Give young people the confidence to resist premature or exploitative sexual experiences and to protect themselves from pregnancy when and if they do become sexually active. (2)

▶ Give teenagers the resources and information they need to act responsibly, by providing information appropriate to the developmental level of the individual. (9, 24, 30)

Sexuality education programs can:

▶ Increase knowledge about human reproduction and sexuality. (4, 10, 14, 19, 23, 25, 26)

▶ If contraceptive knowledge is included and especially if education and family planning services are carefully linked, reduce unwanted pregnancy by decreasing unprotected intercourse and by increasing the use of effective contraception. (19)

▶ Reach teenagers before they decide whether or not to have sex. (5, 13)

▶ Strengthen families by increasing communication between parents and their children. (6, 8, 10) Children who confide in or talk frequently with their parents about sexuality tend to postpone sexual activity and to use contraception if and when they have sex. (1, 11, 21)

▶ Increase decision-making skills. (7, 8)

▶ Increase tolerance for others' differing values, thus furthering the basic goals of our democratic society. (28)

▶ Increase a teenager's sense of self-esteem. (8, 10)

Responsible sexual decisions have been described as:

▶ Accepting the consequences of one's actions (17, 29)

▶ Not acting impetuously (15)

▶ Not exploiting or manipulating another person or letting yourself be exploited (3, 15, 16, 22)

▶ Taking precautions against unwanted pregnancy and sexually transmitted diseases (3, 15, 18, 32)

▶ Being sensitive to and responsive to oneself and others (18, 29)

▶ Promoting the dignity, equality and worth of each person (28)

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1. Akpom, C.A., Akpom, K.L. & Davis, M. "Prior sexual behavior of teenagers attending rap sessions for the first time." *Family Planning Perspectives* 8:203-206, July/August 1976.

2. Alan Guttmacher Institute. *Teenage Pregnancy: The Problem That Hasn't Gone Away*. New York: Alan Guttmacher Institute, 1981.

3. Bell, R. *Changing Bodies, Changing Lives*. New York: Random House, 1980.

4. Carrera, M. *Sex: The Facts, The Acts, The Feelings*. New York: Crown Publishers, 1981.

5. Carrera, M. "Sexual learning in the elementary [illegible]." In Roberts, E.J. (Ed.). *Childhood Sexual Learning*. Cambridge, MA: Ballinger Publishing Co., 1980.

6. Carton, J. & Carton, J. "Evaluation of a sex education program for children and their parents: attitude and interactional changes." *The Family Coordinator* 20:377-386, October 1971.

7. Cooper L. "Family life curriculum for junior high school." *Independent School* 41:18-20, October 1981.

8. Cooper, L. *Family life education program development project* (three-year national demonstration project). Unpublished report for the Department of Health and Human Services, 1981.

9. Elster, A.B., Panzarine, S. & McAnarney, E.R. "Causes of adolescent pregnancy." *Medical Aspects of Human Sexuality* 14:69+, July 1980.

10. *Family Life and Sex Education: A Summary of Facts and Findings*. Santa Cruz, CA: The Family Life Education Program Development Project, 1979.

11. Furstenberg, F.F. "The social consequences of teenage parenthood." *Family Planning Perspectives* 8:148+, July/August 1976.

12. Goldsmith, S., Gabrielson, M.D., Mathews, V. & Potts, L. "Teenagers, sex and contraception." *Family Planning Perspectives* 4:32-38, January 1972.

13. Gordon, S., Scales, P. & Everly, K. *The Sexual Adolescent*. Belmont, CA: Duxbury Press, 1979.

14. Gunderson, M.P. & McCary, J.L. "Effects of sex education on sex information and sexual guilt, attitudes, and behaviors." *Family Relations* 29:375-385, July 1980.

15. Guttmacher, A. *Understanding Sex*. New York: New American Library, 1970.

16. Hettlinger, R.F. *Growing Up With Sex*. New York: The Seabury Press, 1971.

17. Johnson, E.W. *Love and Sex in Plain Language*. New revised edition. New York: Bantam Books, 1973.

18. Kelly, G.F. *Learning About Sex*. Woodbury, NY: Barron's Educational Series, Inc., 1976.

19. Kirby, D. "The effects of school sex education programs: a review of the literature." *Journal of School Health* 50:559-563, December 1980.

20. Kirby, D., Alter, J. & Scales, P. *An Analysis of U.S. Sex Education Programs and Evaluation Methods*. Bethesda, MD: Mathtech, Inc., 1979.

21. Lewis, R.A. "Parents and peers: socialization agents in the coital behavior of young adults." *Journal of Sex Research* 9:156-170, May 1973.

22. McCary, J.L. *Human Sexuality*. 2nd edition. New York: D. Van Nostrand Co., 1973.

23. Monge, R., Dusek, J.B. & Lawless, J. "An evaluation of the acquisition of sex information through a sex education class." *Journal of Sex Research* 13:170-184, August 1977.

24. Nadelson, C.C., Notman, M.T. & Gillon, J.W. "Sexual knowledge and attitudes of adolescents: relationship to contraceptive use." *Obstetrics and Gynecology* 55:340-345, March 1980.

25. Parcel, G.S., Luttman, D. & Meyers, M.P. "Formative evaluation of a sex education course for young adolescents." *Journal of School Health* 49:335-339, June 1979.

26. Reichelt, P.A. & Werley, H.H. "Contraception, abortion and venereal disease: teenagers' knowledge and the effect of education." *Family Planning Perspectives* 7:83-88, March/April 1975.

27. Rogers, E.M. & Strover, S.L. "Peer communication and sexuality." In Roberts, E.J. (Ed.). *Childhood Sexual Learning*. Cambridge, MA: Ballinger Publishing Co., 1980.

28. Scales, P. "The moral basis of education for sexuality." *Free Inquiry* 2:8-10, Summer 1981.

29. Stackhouse, W. *Teenage Pregnancy: A Challenge to Do Right by Each Other*. New York: United Church Board for Homeland Ministries, 1980.

30. Thornburg, H.D. "Adolescent sources of information on sex." *Journal of School Health* 51:274-277, April 1981.

31. Tyrer, L.B. & Josimovich, J. "Contraception in teenagers." *Clinical Obstetrics and Gynecology* 20:651-663, September 1977.

32. Wibbelsman, C. & McCoy, K. *The Teenage Body Book*. New York: Pocket Books, 1978.

33. *Youth Values Project*. Washington, DC: Population Institute, 1978.

34. Zabin, L.S. & Clark, S.D., Jr. "Why they delay: a study of teenage family planning clinic patients." *Family Planning Perspectives* 13:205+, September/October 1981.

35. Zelnick, M. & Kantner, J.F. "Reasons for nonuse of contraception by sexually active women aged 15-19." *Family Planning Perspectives* 11:289-296, September/October 1979.

Sexuality Education Can Make a Difference

Bibliography of Selected Resources

Published by Planned Parenthood Federation of America Inc. 810 Seventh Avenue New York, New York 10019 212/541-7800

Developed by the Katharine Dexter McCormick Library Department of Education

Attached is an annotated resource list for the enclosed reference sheet, SEXUALITY EDUCATION CAN MAKE A DIFFERENCE (#1). The annotations include the relevant information for each article, study or book citation included in the reference sheet's bibliography . If you would like a copy of any of the articles or studies cited please contact:

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Research & Information Specialist
Katharine Dexter McCormick Library
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810 Seventh Avenue
New York, New York 10019

1. Akpom, C.A., Akpom, K.L. & Davis, M. "Prior sexual behavior of teenagers attending rap sessions for the first time." Family Planning Perspectives 8:203-206, July/August 1976.

Study conducted at Michigan family planning clinic. N=303 females aged 14-18. Showed that "peers have a predominant influence in stimulating a teenager's search for contraceptive advice." (p. 203) Almost 9 out of 10 teens had had sexual intercourse at least once before attending rap session. More than 8 in 10 (83%) of sexually experienced adolescents had begun intercourse one year or more before first visit to family planning clinic; 37% had initiated coitus two or more years before they sought help from clinic; and 13% had begun intercourse more than two years before. Communication about contraception apparently easier for girls living in female-headed household. More teens from such families reported discussing birth control with parent (63% compared with 42%) and that they felt parent would understand if tried to discuss contraception with them (63% compared with 43%). Of those using birth control, 48% in female-headed homes compared to 18% in male-headed homes said parents were aware they were using contraception.

2. Alan Guttmacher Institute Teenage Pregnancy: The Problem That Hasn't Gone Away. New York: Alan Guttmacher Institute, 1981.

Based on compilation of statistics from various sources. 40.7% of unmarried pregnant teens thought they could not become pregnant because: wrong time of month (18%); too young to get pregnant (4.2%); had intercourse too infrequently (3.3%). (15.2% stated 'other reasons' for nonuse.) Of those who realized they could get pregnant, major

reason given for not using birth control method was had not expected to have intercourse. Of the 15% who did not practice birth control because they were pregnant, overwhelming majority became pregnant unintentionally. About 8% said they had wanted to use method but didn't, either because of circumstances at time, didn't know about contraception or didn't know where to get contraception.

Many teens do not get help until after initiating sexual relations. Many do not use contraception at first intercourse and many more use contraceptives inconsistently. One-fifth of teen premarital pregnancies occur in first month after initiation of sex, and 1/2 occur in first six months.

Small number of high school students receive sex education. 1978 survey of high school principals revealed that only 36% of high schools have separate courses in sex education, yet fewer than 10% of high school students may be taking such a course. Most states place limits on course content--especially regarding discussion of abortion and birth control.

3. Bell, R. Changing Bodies, Changing Lives. New York: Random House, 1980.

"--Not letting yourself be rushed into anything. --Not rushing someone else into anything. --Not feeling you have to prove how great you are by how much sexual experience you have. . . . --Taking responsibility. This means using birth control if you need it, and telling a partner if you have a sexually transmitted disease (and getting treatment) immediately." (p.74)

4. Carrera, M. Sex: The Facts, The Acts, Your Feelings. New York: Crown Publishers, 1981.

"Knowledge increases dramatically after sex education programs. Information about structure and functions of the male and female sexual systems, with special emphasis on issues like puberty, menstruation, reproduction and birth, all show very impressive gains. This is very important because knowledge is the foundation for behaving in a responsible fashion." (p.305)

5. Carrera, M. "Sexual learning in the elementary school." In Roberts, E.J. (Ed.), Childhood Sexual Learning. Cambridge, MA: Ballinger Publishing Co., 1980.

General discussion of how sexual learning is currently integrated into elementary school education. "It is also important to recognize, however, the enormous impact of sociocultural forces and environmental forces other than family on the sexual learning of the young person. The mass media, peer groups, and the culture itself . . . are among the most influential of these forces." (p. 140) Consideration of "the child's idiosyncratic biological and emotional timetable" (p.140) must

be taken into account in program development as even at this early level a significant impact is made on sexual learning.

6. Carton, J. & Carton, J. "Evaluation of a sex education program for children and their parents: attitude and interaction changes." The Family Coordinator 20:377-386, October 1971.

(N=10 children aged 10-11 and their parents) Based on idea of introducing sex education at an earlier level, due to "the importance of attitude formation and the evidence of sexual behavior during the elementary school years." (p.380) Program used techniques which could promote changes in attitudes and communication patterns: shift in attitudes from less to more permissive seen in both groups after participation. Most parents related having family discussions on sexuality for the first time and communications were more satisfying.

7. Cooper L. "Family life curriculum for junior high school." Independent School 41:18-20, October 1981.

Family Life Education Program Development Project, under grant from U.S. Government (conducted by Planned Parenthood of Santa Cruz County). (N=3500 junior high school students, 70 teachers, several hundred parents) Pre- and posttest included a case study posing dilemma and asking for 3 possible solutions. Number able to cite one or more alternatives increased dramatically in posttest, while those unable to cite any alternatives decreased markedly. "Many students came to see the value of rational decision-making." (p. 18)

Self-esteem: over 90% of participants in course reported better understanding of their feelings, values, needs, strengths and weaknesses. Parents and teachers reported seeing growth of student's insights into selves and others.

8. Copper, L. Family life education program development project (three-year national demonstration project). Unpublished report for the Department of Health and Human Services, 1981.

Data from this report was conveyed in phone conversation with author. See #7 for details on results reported. Due to be published in Spring 1982. (For further information contact: ETR Associates, 1700 Mission Street, Suite 204, Santa Cruz, CA 95060.)

9. Elster, A.B., Panzarine, S. & McAnarney, E.R. "Causes of adolescent pregnancy." Medical Aspects of Human Sexuality 14:69+, July 1980.

"A lack of such knowledge (about contraception, pregnancy, reproductive physiology) may lead to unnecessary fears of contraceptive side effects or misunderstandings about how to use the various birth control methods effectively. The challenge of education is to create curricula in which material is presented in a personalized fashion. It must be

geared to the appropriate cognitive level of the individual and must associate the technical aspects of contraceptive usage to the issues of values and responsibilities." (p.77)

10. Family Life and Sex Education: A Summary of Facts and Findings. Santa Cruz, CA: The Family Life Education Program Development Project, 1979.

Summary of facts and findings. Review of literature showed that "research consistently points to substantial increases in knowledge as a result of participation in family life and sex education programs" (p. 6) and that "family life education has been shown to increase parent/child interaction." (p. 7)

11. Furstenberg, F.F. "The social consequences of teenage parenthood." Family Planning Perspectives 8:148+, July/August 1976.

(N=400 adolescent mothers, their partners, children and parents). Showed that most adolescents had some limited knowledge of birth control, usually acquired from casual conversations with relatives and friends or through mass media and was, overall, superficial. Two-fifths of young mothers indicated had sex as frequently as once a week, and fewer than 1/5 had relations several times a week or more. Suggests unsteady pattern of sexuality and implies lack of advance commitment to becoming pregnant. Irregular use of condoms, when relations occurred, was reported by 15% of young mothers. Among reasons for such irregular use, most commonly mentioned reason (54% of users) was that boyfriend was either unprepared or unwilling most of the time. 52% of adolescents from families in which both mother and pregnant daughter reported discussing birth control, had some experience with contraceptives, compared with 23% from families where no guidance given. Moreover, young mothers' reports revealed specific content of discussion had decided effect on whether or not birth control practiced. If specific method of birth control mentioned by mother, adolescent more likely to have had some birth control experience; conversely, if contraceptive instruction vague, effect on behavior hardly greater than no instruction.

12. Goldsmith, S., Gabrielson, M.D., Mathews, V. & Potts, L. "Teenagers, sex and contraception." Family Planning Perspectives 4:32-38, January 1972.

Three groups of young single women aged 17 or younger (contraceptive group--210 never pregnant; abortion group--100 seeking counseling for problem pregnancy; maternity group--67 in two maternity homes). One-third of all girls had had sex education courses in schools; 1/3 had discussed sexual topics in other classes; 2/3 had ever discussed birth control; 7 in 10 had discussed sexual intercourse, pregnancy and reproduction in the classroom. Despite this, considerable ignorance of and false notions about sexual matters and birth control on part of all these sexually active girls: 85-94% of girls found sex enjoyable, from 17-45% asserted belief would never be

able to enjoy sex with partners if they masturbated. Most of girls had used some method previously, but many used ineffective contraception (withdrawal, douche or rhythm without correct idea of safe time of month).

"It may be fairly concluded that sex education as taught to these girls in the schools was not very useful to them. They may have been taught how the sperm fertilizes the egg--or even how the sperm may be prevented from reaching the egg--but they were not told where they could go to get effective contraceptive services. Nor, clearly, was there free and non-judgmental discussion of sex." (p. 38)

13. Gordon, S., Scales, P. & Everly, K. The Sexual Adolescent. 2nd ed. Belmont, CA: Duxbury Press, 1979.

"Sex education classes, which have been organized in many schools, are usually conducted as separate courses or as sequences in the health education curriculum." (p. 49)

"Few American states require sex education, and 60 percent of those U.S. school districts that include 'sex education' exclude birth control as a topic (AGI, 1976)." (p.177)

14. Gunderson, M.P. & McCary, J.L. "Effects of sex education on sex information and sexual guilt, attitudes, and behaviors." Family Relations 29:375-385, July 1980.

(N=156 college students) Main difference between pretest and posttest sex information scores in all groups (total group, males, females, non-married, married) was significant at .001 level (e.g., total group--pretest mean: 70.99; posttest mean: 88.72). Significant increase in sex information scores as result of sex education corroborates similar results of Herod (1973) and McCary (1974).

15. Guttmacher, A. Understanding Sex. New York: New American Library, 1970.

"Do not enter into a premarital sexual relationship impetuously. . . . It is morally indefensible to exploit another person sexually. Do not threaten, seduce, cajole, persuade. Unless there is mutual enthusiasm for a sexual relationship, it is no good and it is wrong. . . . Unless a child is desired, all sexual intercourse in or out of marriage should always be practiced using the most effective contraception possible." (p.130-131)

16. Hettlinger, R.F. Growing Up With Sex. New York: The Seabury Press, 1971.

"Boys or girls who trick or lie or coerce or exploit people sexually are demonstrating that they have not yet become persons." (p. 37)

17. Johnson, E.W. Love and Sex in Plain Language. New revised edition. New York: Bantam Books, 1973.

"Men and women are responsible for their choices and decisions: they must take the consequences, good or bad." (p.46)

18. Kelly, G.F. Learning About Sex. Woodbury, NY: Barron's Educational Series, Inc., 1976.

"Responsible sex does not lead to unwanted pregnancy, spread of venereal diseases, or the hurting of oneself or others." (p.105)

When we choose to be close to another individual and care about him or her, then we have accepted a degree of responsibility to respond to that other person's needs--whether they are expressed or not. . . . It is a willingness to be responsive to another human being." (p.112)

19. Kirby, D. "The effects of school sex education programs: a review of the literature." Journal of School Health 50:559-563, December 1980.

Literature review. Numerous studies have shown that in both high school and college classes, "instruction in sex education does substantially increase knowledge of sexuality." (p.560)

20. Kirby, D., Alter J. & Scales, P. An Analysis of U.S. Sex Education Programs and Evaluation Methods. Bethesda, MD: Mathtech, Inc., 1979.

National Institute of Education estimate 36% of all schools offer sex education; if one estimates approximately 1/4 all students in each high school with sex education actually take sex education, then less than 10% of all students receive sex education. Also, if less than 36% of all schools offer separate course, or if fewer than 1/4 of students take such courses where offered, then far fewer than 10% of all teens receive separate course in sex education. National Education Association study of course content showed sex educaton infrequently incorporated into other courses. Studies suggest large numbers of students receive minimal amount of instruction on menstruation and reproductive anatomy and that small percentage of students receive comprehensive instruction. (p. 7-8)

21. Lewis, R.A. "[illegible]nts and peers: socialization agents in the coital behavior of young adults." Journal of Sex Research 9:156-170, May 1973.

(N=419 college students) Findings showed that "parent-educated women were much less apt to have had sexual intercourse before marriage. Therefore, rather than stimulate coital experimentation, sex information given primarily by parents seems to contribute to more restrictive sexual behavior." (p. 163)

"Where parents were the major source of sex education, their maturing children were less apt to be promiscuous and had significantly less often engaged in premarital sexual intercourse. Thus, rather than stimulate coital experience, parents who were the main source of sex education for their children appeared to have been very effective deterrents, particularly as agents of socialization for female children." (p. 164-165)

22. McCary, J.L. Human Sexuality. 2nd edition. New York: D. Van Nostrand Co., 1973.

"There should be no cheating, no lying, no taking advantage of others." (p.28)

23. Monge, R., Dusek, J.B. & Lawless, J. "An evaluation of the acquisition of sex information through a sex education class." Journal of Sex Research, 13:170-184, August 1977.

(N=182 ninth grade students) Results indicated that significant proportion of students can acquire information about human sexuality through exposure to sex education course. Major results of analysis indicated those in course scored higher on the posttest than those not in course, both for total set of items (24) and for several subscores measuring learning of sex education material.

24. Nadelson, C.C., Notman, M.T. & Gillon, J.W. "Sexual knowledge and attitudes of adolescents: relationship to contraceptive use." Obstetrics and Gynecology 55:340-345, March 1980.

(N=296 pregnant and non-pregnant girls). 46% cited friends as primary sources of sexual information; 28% cited parents and relatives as primary sources; 5% cited schools; 6% cited books and movies; 1% cited church; 14% gave other or no answer.

Reasons given for failure to use contraception: 28% didn't think they'd need it; 17% thought they would get hassled if they went to get birth control; 13% embarrased to ask partner to withdraw or use condom; 12% thought birth control methods unnatural; 10% said boyfriend wouldn't withdraw or use condom; 8% thought they shouldn't have sex so the wouldn't plan ahead to do it or to use birth control; 9% thought birth control methods messy and take enjoyment out of sex. Data indicate pregnant teens showed motivation toward pregnancy. "Ambivalence toward pregnancy, denial of the possibility that it would occur, and inability to take responsibility for contraception point to the need for more comprehensive educational and counseling programs that take psychological and developmental factors into account." (p. 345)

25. Parcel, G.S. Luttman, D. & Meyers, M.P. "Formative evaluation of a sex education course for young adolescents." Journal of School Health 49:335-339, June 1979.

(N=32) Study to demonstrate use of objective instruments to evaluate sex education course for 8th graders. Pre- and posttest scores

compared on a 20-item knowledge test. Mean on pretest was 67.34%; on posttest 80.65%. Most significant impact was increase on students' knowledge of sexual development, functioning, behavior.

26. Reichelt, P.A. & Werley, H.H. "Contraception, abortion and venereal disease: teenagers' knowledge and the effect of education." Family Planning Perspectives 7:83-88, March/April 1975.

(N=1327, through Planned Parenthood clinics) "The study...showed that most are either misinformed or uninformed about the various methods of contraception; that most obtain their information (and misinformation) from their peers or the mass media, with parents, educators and health professionals contributing only minimally." (p. 83)

In pretests teens scored average of 10.8 (36%) of possible 30 in test of birth control knowledge. On a 39 question test of total knowledge (birth control, reproduction, abortion, venereal diseases), pretest scores averaged 16.75 (or 42.9%). Retests of 367 girls after rap session showed significant increases.

27. Rogers, E.M. & Strover, S.L. "Peer communication and sexuality." In Roberts, E.J. (Ed.), Childhood Sexual Learning. Cambridge, MA: Ballinger Publishing Co., 1980.

"Peers function as information-givers on sex-related matters and offer moral support in first erotic encounters. . . . Adolescents interact with some 'near peers,' older siblings, parents and other adults. Moreover, they have exposure to the mass media and to various social service agencies. A certain amount of sex information from other sources does, therefore, penetrate the adolescent peer network." (p. 172-173)

28. Scales, P. "The moral basis of education for sexuality." Free Inquiry 7:8-10, Summer 1981.

"Research shows that education for sexuality, even though quite limited in scope and suffering from censorship, seems to increase not 'permissiveness' in people's values that guide their own behavior, but rather, tolerance for others whose values are different." (p. 8)

29. Stackhouse, W. Teenage Pregnancy: A Challenge to Do Right by Each Other. New York: United Church Board for Homeland Ministries, 1980.

"Responsibility . . . is used to refer to one's responsibility for oneself and for or to others. . . . It involves caring for one's whole self and other persons in their totality. It involves being liable, answerable, accountable for one's actions. It is being sensitive, responsive to the core of oneself and others." (p. 8-9)

30. Thornburg, H.D. "Adolescent sources of information on sex." Journal of School Health 51:274-277, April 1981.

(N=1152 students from one Midwestern high school) Test of twelve concepts: abortion, conception, contraception, ejaculation, homosexuality, intercourse, masturbation, menstruation, petting, prostitution, seminal emissions, venereal disease.

Peers were single most-often-cited source of sex information (37.1%). Other sources in frequency were literature (21.9%); mother (17.4%); schools (15.2%); experience (5.4%); fathers (2.2%); physicians (.3%); ministers (.5%).

3.6% of information learned before age 9 (heavily weighted by concept of conception). Ages 9-11 account for 30.7% of all initial sex information; all 12 concepts learned by significant numbers during this time. Age 11 is one's age when entering 6th grade. Using ages which correspond with elementary school education, study reveals 34.3% have acquired concepts before leaving elementary school. Ages 12-13 peak time of learning sexual learning--51.4% of all sexual learning. Implications for sex education at midschool and junior high school levels are, therefore, clear, as early adolescents have already acquired a significant amount of sexual information and are well aware of human sexuality.

31. Tyrer, L.B. & Josimovich, J. "Contraception in Teenagers." Clinical Obstetrics and Gynecology 20:651-663, September 1977.

(Section devoted to review of literature.) "As for the lack of education, the paucity of sex education in school curricula is undoubtedly a factor in the lack of information apparent in those 15-19 years old. . . . Surveys of U.S. high school teachers who participate in health-related portions of the curricula show that only three out of ten teach anything about reproduction, sexuality or abortion. . . . 6 of 10 sex education programs excluded discussion of birth control. . . . Certainly no great progress can be made in reducing the epidemic of teenage pregnancies until adequate sex education is provided to young people prior to their initiation of sexual activity." (p. 654)

32. Wibbelsman, C. & McCoy, K. The Teenage Body Book. New York: Pocket Books, 1978.

"Responsibility means reviewing all possibilities--and options--in advance. Pregnancy and VD are two very real risks of sexual involvement. . . . If you notice the symptoms of venereal disease . . . take the responsibility of telling your sex partner and suggesting you both get tested. . . . Take the responsibility of using a reliable method of birth control, of planning ahead to prevent a pregnancy." (p.156)

33. Youth Values Project. Washington, D.C. Population Institute, 1978.

(N=1000, ages 13-19) Results indicated that the nature and content of courses is significant factor in effectiveness of the program. Youth consultants call for "relevant sexuality education (which) would enable participants to build decision-making skills, define what is right and wrong behavior for them, and recognize and understand their attitudes and apprehensions." (p.49)

34. Zabin, L.S. & Clark, S.D., Jr. "Why they delay a study of teenage family planning clinic patients." Family Planning Perspectives 13:205+, September/October 1981.

(N=1200) First visit to family planning clinics. 36% of young women report came because suspected pregnancy; only 14% seeking protection in anticipation of first intercourse. Remaining 50% enroll at some time after becoming sexually active, but are still in time to prevent first pregnancy. Only 8% come within 3 months of first intercourse, while largest group (42%) arrive after delay of 3 months to several years after first coitus. Median delay about 1 year (9 months if those who came as virgins are included).

35. Zelnik M. & Kantner, J.F. "Reasons for nonuse of contraception by sexually active women aged 15-19." Family Planning Perspectives 11:289-296, September/October 1979.

Of currently pregnant teens, (N=52), 66% did not want to become pregnant but only 14% reported using contraception at time of conception. Major reasons for nonuse by those who found themselves unintentionally pregnant was they hadn't expected to have sex. Half of those who didn't want to become pregnant but did nothing to prevent gave this reason. Another 1 in 7 said they believed contraception wrong or might be dangerous to health. 1 in 9 who didn't want to get pregnant but didn't use contraception said they wanted to use method but couldn't under circumstances. This may include some who didn't expect sex as well as those who encountered barriers to contraception, including psychological. Some cited partners objections, interference of contraception with sex act, difficulty of use. 4% reported not knowing about contraception or where to get it.

(4/82)